



**Salon Management for Senior Living Communities**

**Email:** hairwegohouston@gmail.com

**Website:** www.hairwegohouston.com

**Phone:** 713-382-8299

**Phone:** 346-329-6432

Thank you for choosing Hair We Go as your salon service provider. Complete Form Below.

Residents First and Last name \_\_\_\_\_

Room Number \_\_\_\_\_ Account Number \_\_\_\_\_ Residents D.O.B \_\_\_\_\_

Responsible Party \_\_\_\_\_ Relation to Resident \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Is resident wheelchair restricted? **Yes** or **No** Is resident able to request additional salon services? **Yes** or **No**

Would you like to receive consultation/confirmation calls before or after services? **Yes** or **No**

**Service List**

**Styling Services**

Shampoo Only \_\_\_\_\_

Shampoo & Set \_\_\_\_\_

Shampoo & Style \_\_\_\_\_

Conditioning Treatment \_\_\_\_\_

Natural Styling \_\_\_\_\_

Wig Maintenance \_\_\_\_\_

Relaxer \_\_\_\_\_

**Shaping Services**

Womens Cut Only \_\_\_\_\_

Womens Cut & Style \_\_\_\_\_

Men's Cut \_\_\_\_\_

Face Shave \_\_\_\_\_

Bang/Beard Trim \_\_\_\_\_

**Chemical Services**

Color (Root) Retouch \_\_\_\_\_

Full Color \_\_\_\_\_

Partial Highlight \_\_\_\_\_

Full Highlight \_\_\_\_\_

Toner/Rinse \_\_\_\_\_

Permanent \_\_\_\_\_

**Nail Services**

Manicure \_\_\_\_\_

Pedicure \_\_\_\_\_

Cut & File Only \_\_\_\_\_

Polish Only \_\_\_\_\_

(Please Note There is an addition \$10 Fee added for in room services)

Community Name \_\_\_\_\_

Provide the name of each service you are requesting beneath the appropriate frequency of appointments. Please note that stylists are typically available 1-2 days a week. If you're unsure of how often services should be provided consultations are available.

**Service Start Date** \_\_\_\_\_

**Weekly Services**

- 1.
- 2.
- 3.

**Monthly Services**

- 1.
- 2.
- 3.

**Special Request** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Billing and Payments**

Primarily clients will be checked out at the completion of every appointment. Clients may also allow payments to be deducted from their "fund account" held at their facility. Lastly, the Responsible Party of the client may choose to pay for services via a monthly invoice, we allow 30 days for payment. Payments can be made directly through emails or over the phone. **Please Note:** Monthly invoices balances must be paid in full before clients continue receiving recurring appointments. Services can be prepaid and booked online at [www.hairwegohouston.com](http://www.hairwegohouston.com) . Please allow 5 business days to process online service requests.

Your signature gives permission to Hair We Go to provide hair care services and your agreement to pay all service fees on a timely basis. Payment will be made from funds in the resident's account, over the phone, at the facility or you will be billed.

Responsible Party,

\_\_\_\_\_

Community Name \_\_\_\_\_